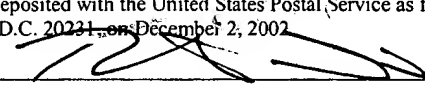




PATENT
Docket No. 204372000901

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington, D.C. 20231 on December 2, 2002

Ruth Saskowski

11
C
12/18/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Lynn E. SPITLER and Isaiah Fidler

Serial No.: 09/764,546

Filing Date: 17 January 2001

For: THERAPEUTIC PROPERTIES OF
LIPOSOME-ENCAPSULATED
IMMUNOMODULATORS

Examiner: Susan Ungar, Ph.D.

Group Art Unit: 1642

RECEIVED
DEC 11 2002
TECH CENTER 1600/2900

AMENDMENT UNDER 37 C.F.R. § 1.111

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

This is in response to an Office action herein mailed 31 May 2002, time for response to which was set to expire 31 August 2002. A petition for an extension of time of three (3) months until 30 November 2002 is attached hereto, along with the required fee. The considered claims, claims 56 and 59 were rejected. Careful consideration has been given to the grounds for rejection, and the following amendment and discussion are offered in response. Reconsideration is respectfully requested.

Enclosed is the following Exhibit A: Version With Markings To Show Changes Made.



1642\$

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

12

Application Number

09/764,546

Filing Date

17 January 2001

First Named Inventor

Lynn E. SPITLER and Isaiah FIDLER

Group Art Unit

1642

Examiner Name

Susan Ungar, Ph.D.

Attorney Docket No.

204372000901

RECEIVED

DEC 11 2002

TECH CENTER 1600/2900

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Three Month Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53(b) | | |

Kawai Lau

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm (44,461) For Kate H. Murashige No. 29,959
or 3811 Valley Centre Drive, Suite 500
Individual Name San Diego, CA 92130
Morrison & Foerster LLP

Signature

Date

December 2, 2002

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on December 2, 2002.

Ruth Saskowski

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

sd-121659



FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/764,546
Filing Date	17 January 2001
First Named Inventor	Lynn E. SPITLER and Isaiah FIDLER
Examiner Name	Susan Ungar, Ph.D.
Group Art Unit	1642
Attorney Docket No.	204372000901

RECEIVED

DEC 11 2002

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 03-1952
Deposit Account Name: Morrison & Foerster LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$0.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
- 20 =	x	0	\$
Independent Claims	- 3 =	0	\$

Multiple Dependent = \$
0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claims, if not paid
109	80	209	40	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

** or number previously paid, if greater; For reissues, see above.

FEE CALCULATION (continued)

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	460.00
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$460.00)

SUBMITTED BY

Name (Print/Type) for Kate H. Murashige

Registration No. (Attorney/Agent)

29,959

Complete (if applicable)

Telephone (858) 720-5112

Signature

Date December 2, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.